

# Work Order ID 87293

**\*87293\***

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July-12-12 12:41:28 PM

Item ID: D412-664-203

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/19/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/07/13 Tooling:

Date:

QC:

Date: SPC (Y/N):

Date:

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D412-664-243	E/DEO

100

0.00

**\*100\***

DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D412-664-203 CHG 008

110

0.00

**\*110\***

Packaging

Packaging

Memo

0.00

Packaging

120

0.00

**\*120\***

BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D412-664-243 using CNC bender program 412-aft and Folio FT010

*DP* 12-7-24

*SAX* 12-07-25

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA 12/8/02 Date: 12/08/02QA Closed: 12/8/02 Date: 12/8/02

Work Order: <u>87293</u>	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input checked="" type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>			
Part No. <u>D 412-664-203</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. <u>12-1653</u>		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	12.7.25	120	1	CRUSHING AFTER BENDING IS OVER TOLERANCE	<u>12.7.25</u>	ACCEPTABLE PER ATTACHED S.R.	<u>12.7.25</u>	<u>12/14/26</u>	<u>12/14/26</u>
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input checked="" type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input checked="" type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Work Order ID 87293

**\*87293\***

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Item ID: D412-664-203

Revision ID:

Item Name: Crosstube Aft

Start Date: 7/19/12 Start Qty: 1.00

Required Date: 8/17/12 Req'd Qty: 1.00

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

**\*N900040100\***

Setup Start **\*NS1\***

Stop **\*NS2\***

Cust Item ID:

Customer:

Run Start **\*NR1\***

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 <b>*130*</b> QC Quality Control	QC15- Crosstube Dimensional Check  Memo	0.00  0.00							
140 <b>*140*</b> Crosstubes Crosstubes	Crosstubes  Memo 1-Drill pilot holes in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551 and drill table DT8577 using #9 holes as per QSI 10 to install towers.  2-Ream hole to finish size in tube as per Dwg D412-664-243 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.  3-SCRIBE PART # & BATCH #  4- *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D412-664-243	0.00  0.00							

*DAS*  
*7/26/12*

*JW*

*12-7-26*

*MO 12-7-26*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 87293

**\*87293\***

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Item ID: D412-664-203

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/19/12 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	QC5- Inspect part completeness to step on W/O	0.00							
<b>*160*</b>									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE ***								
170		0.00							
<b>*170*</b>									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE ***								
	1- CLEAN CROSSTUBE WITH WASH'N WIPE								
180	Outsource process - NDT per QSI038 4.1	0.00							
<b>*180*</b>									
Outsource2	Memo	0.00							
Outsource process - NDT	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE ***								
	Liquid Penetrant Inspection as per QSI 038Or Issue P/O: <u>17556</u> LPI as per ASTM 1417 Level 2 Attach copy of NDT results to work order								

DAS  
18  
8-22  
176276

1 120727

1207-27

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

# Work Order ID 87293

\*87293\*

Page 4

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Item ID: D412-664-203

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Crosstube Aft

Start Date: 7/19/12 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00

\*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190	Packaging	0.00							
*190*									
Packaging	Memo	0.00							
Packaging	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Inspect for transit damage								
	Ensure copy of NDT results attached to work order.								
200	QC5- Inspect part completeness to step on W/O	0.00							
*200*									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Inspect for damage & ensure results are as per Dwg D412-664-203								
203		0.00							
*203*									
HandFXtube	Memo	0.00							
Hand Finishing Crosstubes	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION								

42/7/27 (C)

1 12-7-28

AB 12-7-28

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>																								
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>																								
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>																								
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																									
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector																		
Doc/Data <input type="checkbox"/>																											
Equip/Tooling <input type="checkbox"/>																											
Operator <input type="checkbox"/>																											
Material <input type="checkbox"/>																											
Setup <input type="checkbox"/>																											
Other <input type="checkbox"/>																											
Process <input type="checkbox"/>																											
Supplier <input type="checkbox"/>																											
Training <input type="checkbox"/>																											
Unapproved <input type="checkbox"/>																											
<b>FAULT CATEGORY</b>																											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other																		



# Work Order ID 87293

**\*87293\***

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Item ID: D412-664-203

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/19/12 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
205	QC7-Inspect Chemical Conversion Coat	0.00							
<b>*205*</b>									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
210		0.00							
<b>*210*</b>	SprayPaint								
SprayPaint	Memo	0.00							
Spray Painting	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	***Mask underside of crosstube as shown***								
	1-Prime inside and outside crosstube as per QSI 005 4.2								
	2-Paint outside crosstube with White Imron as per DEO D412-664-243 and QSI 005 4.2								
	PRIME: 121746								
	Start Time: 7:15								
	Finish Time: 8:00								
	PAINT: 122381								
	Start Time: 4:30								
	Finish Time: 5:15								

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 87293

**\*87293\***

Page 6

July-12-12 12:41:28 PM

Item ID: D412-664-203

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/19/12 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 8/17/12 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC14- Inspect Spray Paint	0.00							
<b>*220*</b>									
QC	Memo	0.00							
Quality Control	Then, Wrap in plastic bag to protect from scratches								
230		0.00							
<b>*230*</b>									
Crosstubes	Memo	0.00							
Crosstubes	Assemble as per Dwg D412-664-203								
	1- Install chafing shield as per DEO D412-664-243. Top holes should be facing up.								
	A/R Proseal 890 Batch: <u>132441</u>								
	EXP: <u>1/13</u>								
	2- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe								
	3-Install support with Scotch-Weld DP460 and install clamps as per DEO Dwg D12-664-243 using installaiton jig DT9024. Torque clamps as per dwg								
	A/R Scotch-Weld DP460 Batch: <u>121308</u>								
	EXP: <u>13/4/13</u>								

12-07-30

12-7-30

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

Landing Gear	General	Other	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Other
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	

# Work Order ID 87293

**\*87293\***

Page 7

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Item ID: D412-664-203

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Crosstube Aft

Start Date: 7/19/12

Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 8/17/12

Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Werk Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

240

QC5- Inspect part completeness to step on W/O

0.00

**\*240\***

QC

Memo

0.00

Quality Control

1 12-07-31

250

Pick Kit

0.00

**\*250\***

Packaging

Memo

0.00

Packaging

12/7/31

260

QC4- 100% Inspect kits for completeness

0.00

**\*260\***

QC

Memo

0.00

Quality Control

DA  
15  
8-33

12/7/31

10

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

# Work Order ID 87293

\*87293\*

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Item ID: D412-664-203 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Crosstube Aft  
 Start Date: 7/19/12 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 8/17/12 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start \*NR1\*  
 QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
270	Packaging	0.00							
*270*									
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D412-664-203 *****Ensure tube is not packaged if curing time is less than 12 hrs, see step 27 for application time & date ***** Time & date of packaging: 2h Location: 103								12/7/31
280	QC21- Final Inspection - Work Order Release	0.00							
*280*									
QC	Memo	0.00							
Quality Control									

MCS 12/07/31  
 MCS 12/07/31

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>						
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	



# Picklist Print

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Page 1

Work Order ID: 87293  
Parent Item: D412-664-203  
Parent Item Name: Crosstube Aft

Start Date: 7/19/12

Required Date: 8/17/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:E04.02.16Reformat; Added D3189-1K/DS  
IPP Rev:F 06-03-29 Remove Coments on Pick List JLM  
IPP Rev:G 06.12.08 per ECN 886 EC  
IPP Rev:H 07-04-50 As per Rev D JLM  
IPP Rev:I 08-06-12 add comment in seq. 21 DD verified by:EC IPP rev J 11.04.21 DEO D412-664-243-E-1 EC verified DD IPP REV:K 11.10.03 DEO D412-664-243-E-2 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
AN6-40A Bolt		Purchased	No			250	Each	124.0000	4	4			
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST342		124							
				120187		66							
				120833		4							
				121584		4							
				121827		50							
AN6-41A Bolt		Purchased	No			250	Each	65.0000	2	2			
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				ST342		65							
				120423		35							
				121825		30							
AN960JD616 Washer	NAS1149D0663J	Purchased	No			250	Each	0.0000	18	18			
D2896-1 Support		Manufactured	No			230	Each	18.0000	1	1			
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				LG052		8							
				80586		8							
				LG053		10							
				74465		10							

MAH7 M12170850

12-7-30

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Picklist Print

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Page 3

Work Order ID: 87293

Parent Item: D412-664-203

Parent Item Name: Crosstube Aft

Start Date: 7/19/12

Required Date: 8/17/12

Start Qty: 1.00

Required Qty: 1.00

MS21042L6

Purchased

No

250

Each

479.0000

6

6

Nut

Location

Loc Qty

Loc Code

ST300

479

117677

25

118384

3

118927

48

119075

203

120308

200

MS21920-28

Purchased

No

230

Each

84.0000

4

4

Clamp(per MIL-DTL-8783C)

Location

Loc Qty

Loc Code

FG

5

105884

5

LG050

21

116839

2

118713

4

120054

2

121067

13

LG051

58

121440

8

122204

50

MS21920-30

Purchased

No

230

Each

93.0000

2

2

clamp(per MIL-DTL-8783C)

Location

Loc Qty

Loc Code

LG

30

119529

30

LG051

63

111258

14

121583

49

July-12-12 12:41:28 PM

Shop Packet Print

Page 3

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  * Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

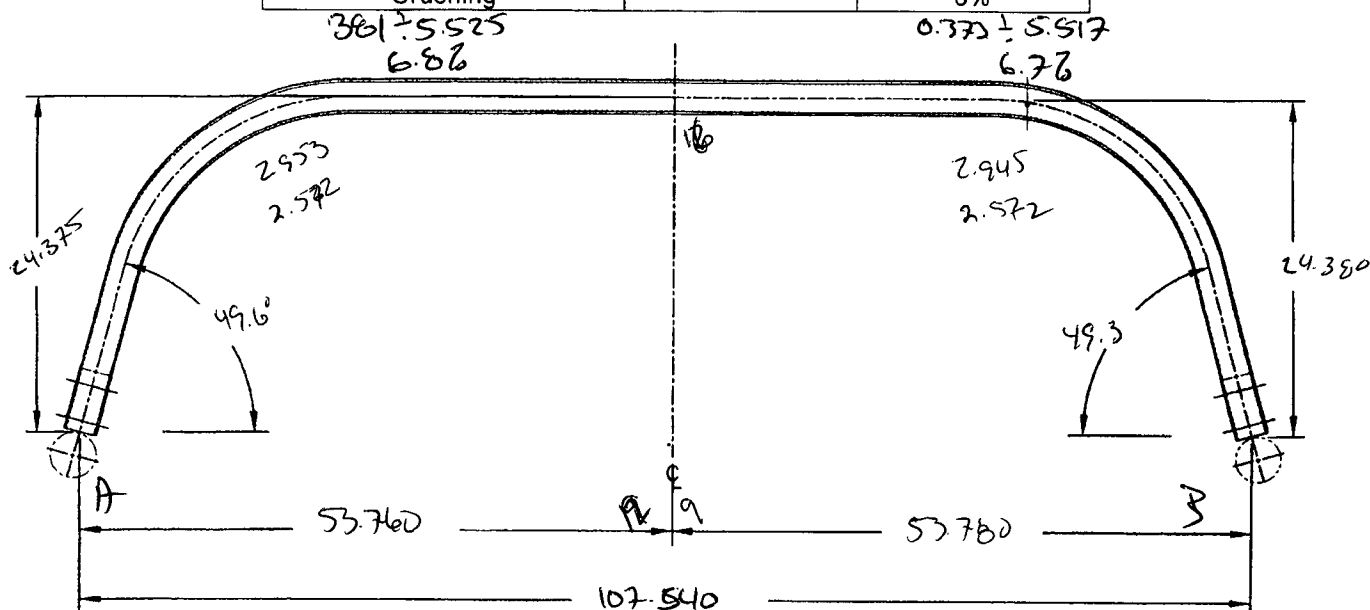
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order:	87293
Description: Crosstube High Aft (412)		Part Number:	D412-664-203
Inspection Dwg: D412-664-243 Rev: E		Page 1 of 1	

Required Dimension	Min	Max
Height	24.24	24.50
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70
Bending Passes	8	--
Crushing	--	6%



	Side A	Middle	Side B
Bending Passes	12	16	9
Crushing	6.86		6.76
Comments			
Side A = 12 passes			
Middle = 16 passes			
Side B = 9 passes			

QC15 Inspection	
Date	17/4/26

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. D	KJ/JLM	
C	10.02.02	Dwg Rev updated	KJ	
D	12.04.16	Added bending, crushing dimensions	KJ	

Item	Qty -243	Part Number	Description
1	X	D412-664-243	CROSSTUBE ASSEMBLY (412 HIGH AFT)
2	1	D6009-129	CROSSTUBE
3	2	D3595-063-570	RUBBER CUSHION
4	1	D2896-1	SUPPORT
5	2	D3189-1	CHAFING SHIELD
6	2	D2856-600-1009	ABRASION STRIP
7	4	MS21920-28	CLAMP
8	2	MS21920-30	CLAMP (OR MS21920-32)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

# **GENERAL NOTES:**

- 1) MATERIAL: MANUFACTURED FROM D6009-129  
FINISHED LENGTH = 124.100±0.020 (BEFORE BENDING/TRIMMING)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4 1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D412-664-243" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: 47.0 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-30 CLAMPS (OR -32) WITH D3595-063-570 RUBBER CUSHIONS TO SECURE THE D2896-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF CROSSTUBE PER QSI 035.
- 15) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

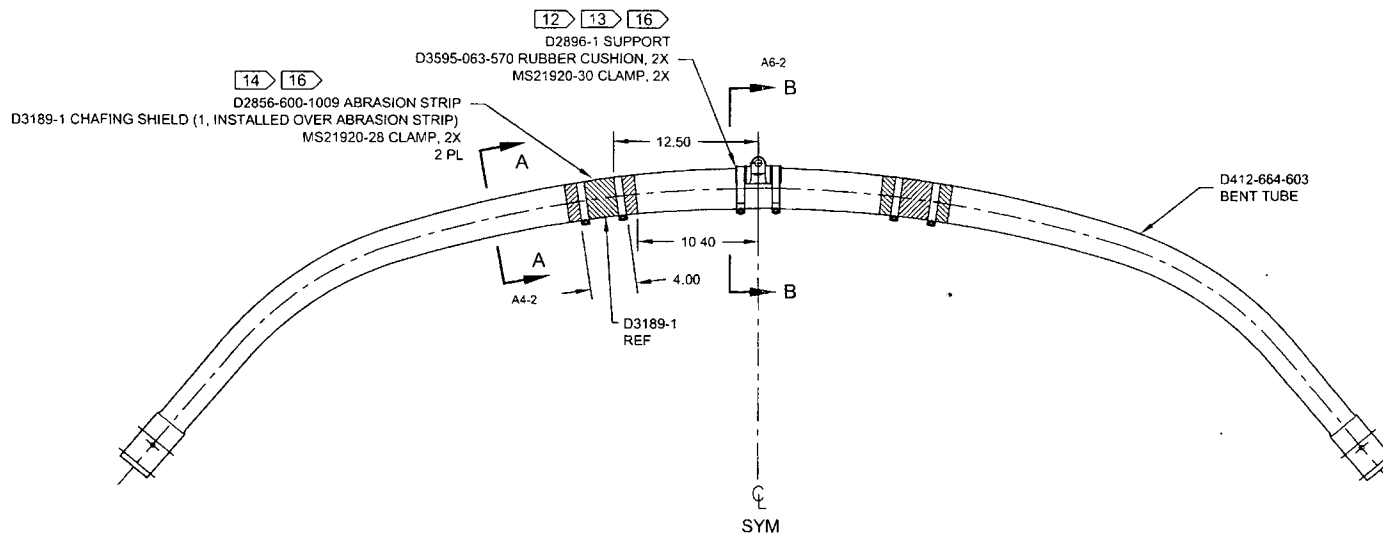
SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 87293 MLJ

12/07/13

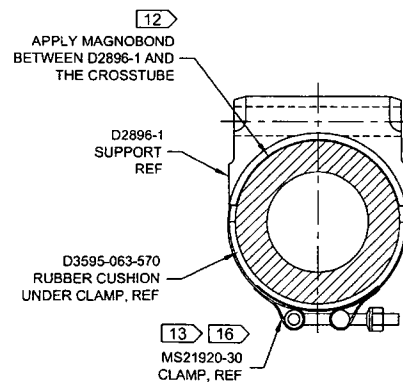
② DEO ATTACHED

RELEASED  
2009-10-29

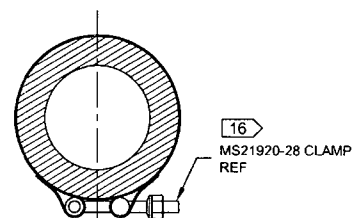
E	REFORMAT/REVISE GENERAL NOTES; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; RELOCATED FLAG #6 PER PAR 08-046 (ZN A6-3); ADD TOLERANCE (ZN B6-3, C4-3, C8-3 & C5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4.	RF	09.09.30
D	REMOVE D2732-058, CHANGE TO D3595-063-570	PH	07.03.09
C	REMOVE D2856-600-1087, ADD D2732-056 & MAGNOBOND 6398, MS21920-32 WAS MS21920-30	MB	06.10.27
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	01.10.17
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA DRAWING NO. REV. E D412-664-243 SHEET 1 OF 4 TITLE SCALE CROSSTUBE ASSEMBLY (412 HI AFT) NTS <small>COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	
DRAWN	RF		
CHECKED	PH		
MFG. APPR.	PH		
APPROVED	PH		
DE APPR.	PH		
DATE	09.09.30		



**D212-664-243**  
**ASSEMBLY DETAIL**



**SECTION B-B** D4-2  
SCALE 4X



**SECTION A-A** C6-2  
SCALE 4X

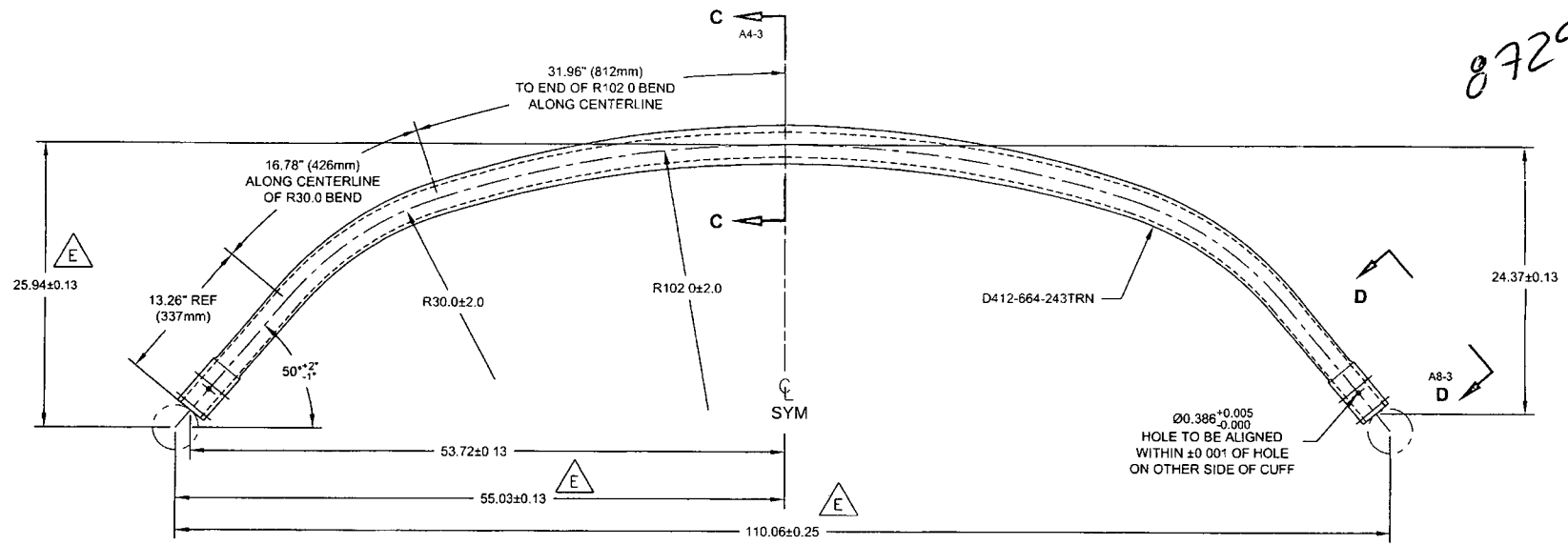
87293

2 DEO ATTACHED

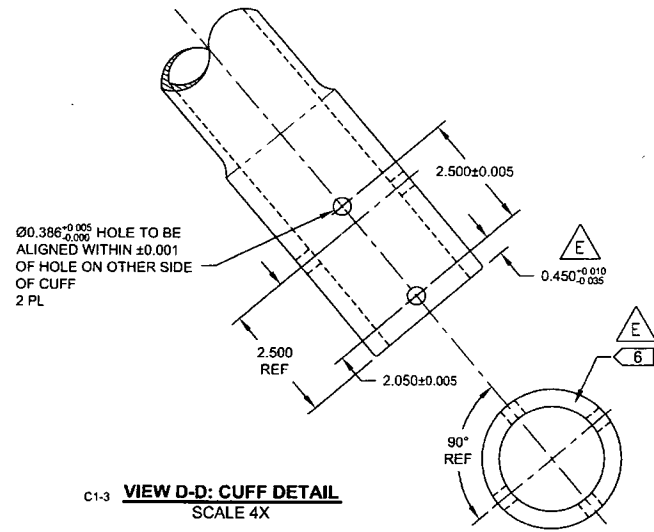
**RELEASED**  
2009-10-28

DESIGN	PH	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. E
MFG. APPR.	Q	D412-664-243	SHEET 2 OF 4
APPROVED	Q	TITLE	SCALE
DE APPR.	Q	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
DATE	09.09.30	<small>COPYRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

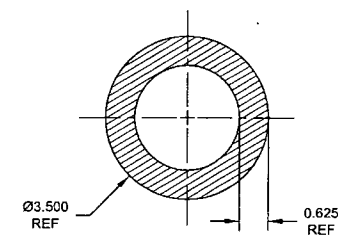
87293



**D412-664-603** 10  
**BENDING AND DRILLING DETAIL** E



**VIEW D-D: CUFF DETAIL**  
 SCALE 4X



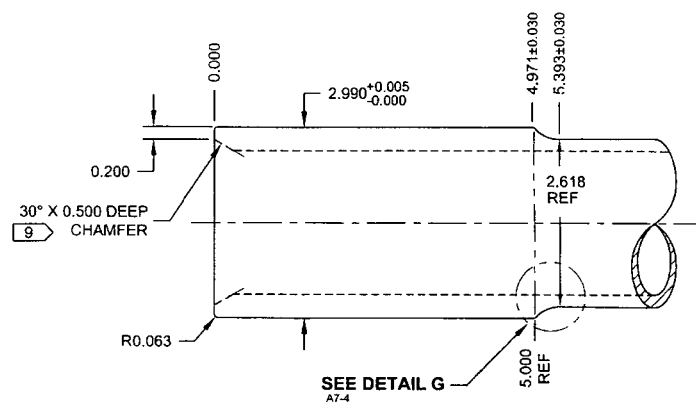
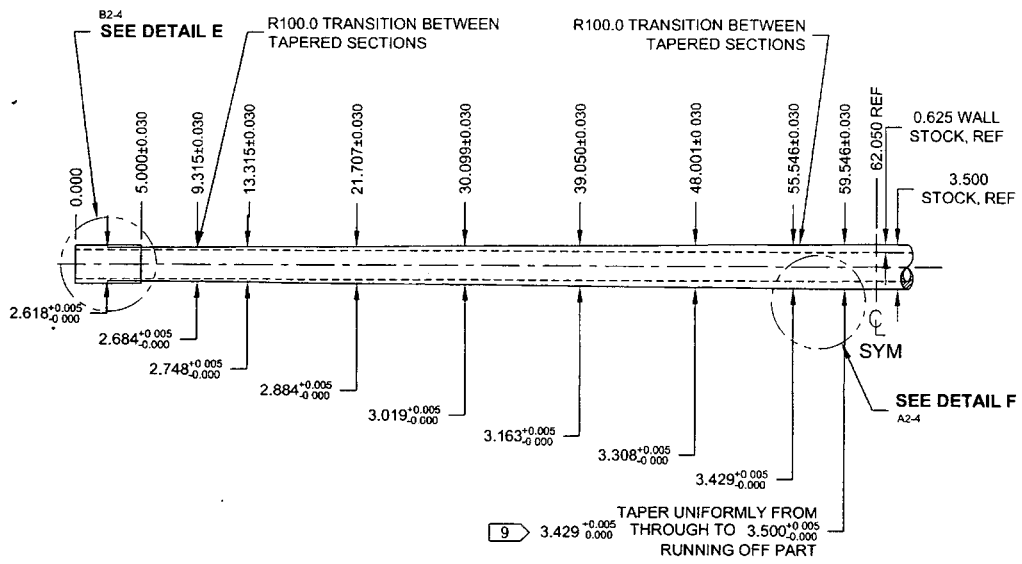
**SECTION C-C** D5-3  
 SCALE 4X

② DEO ATTACHED  
**RELEASED**  
 2009-10-29  
 MP

DESIGN	<i>PH</i>	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>Q</i>	DRAWING NO. D412-664-243	REV. E
MFG. APPR.	<i>AS</i>		SHEET 3 OF 4
APPROVED	<i>AP</i>	TITLE	SCALE
DE APPR.	<i>AP</i>	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2001 BY DART AEROSPACE LTD <small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

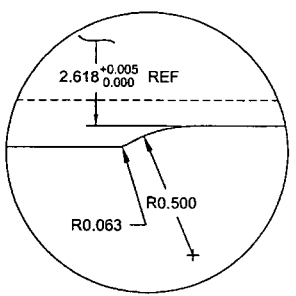


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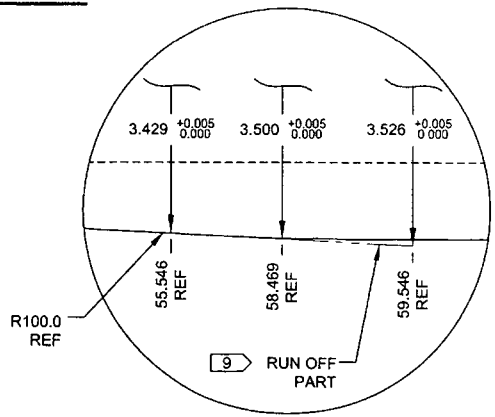


DETAIL E:  
 CROSSTUBE CUFF D8-4  
 SCALE 5X

D412-664-243TRN  
 TURNING DETAIL E



DETAIL G:  
 CUFF TRANSITION C2-4  
 SCALE 10X



DETAIL F:  
 TAPER RUN-OFF C4-4  
 NOT TO SCALE

2 DEO ATTACHED  
 RELEASED  
 2009 -10- 29  
 NNT

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	Q	DRAWING NO.	REV. E
MFG. APPR.	S	D412-664-243	SHEET 4 OF 4
APPROVED	10	TITLE	SCALE
DE APPR.	10	CROSSTUBE ASSEMBLY (412 HI AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2001 BY DART AEROSPACE LTD	
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DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 1 OF 2	SCALE NTS
DRAWN	CHECKED	MFG. APPR.	APPROVED		DE APPR.		
DATE 11.03.31	DATE 11/03/31	DATE 11.03.31	DATE 11/03/31		DATE 11.03.31		

**PURPOSE:**

REMOVED ABRASION STRIP IN FAVOR OF A THIN LAYER OF PROSEAL 890.

**CHANGE:**

PARTS LIST IS AMENDED AS FOLLOWS:

**IS:**

Item	Qty -243	Part Number	Description
6	0	D2856-600-1009	ABRASION STRIP

**WAS:**

6	2	D2856-600-1009	ABRASION STRIP
---	---	----------------	----------------

NOTES 2 AND 14, SHEET 1 ARE AMENDED AS FOLLOWS:

**IS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
MASK UNDERSIDE OF CROSSTUBE AS SHOWN (HATCHED AREA)  
PAINT OUTSIDE PER DART QSI 005 4.2  
AFTER PAINTING, APPLY CLEAR COAT ON HATCHED AREA
- 14) APPLY A THIN COAT OF PROSEAL 890 ON INSIDE CONCAVE SURFACE OF D3189-1  
CHAFING SHIELD AND LET CURE PER MANUFACTURER'S INSTRUCTIONS. INSTALL  
PROSEALED D3189-1 CHAFING SHIELD ONTO CROSSTUBE BY APPLYING A THIN COAT OF  
PROSEAL 890 ONTO CROSSTUBE. BE SURE TO ELIMINATE ANY AIR GAPS.

**WAS:**

- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 14) INSTALL D2856-600-1009 ABRASION STRIPS WITH A 0.13 REF GAP ON BOTTOM SIDE OF  
CROSSTUBE PER QSI 035.

RELEASED  
2011-04-07

DRAWING NO. D412-664-243	TITLE CROSSTUBE ASSEMBLY (412 HI AFT)	REV. E	DART AEROSPACE LTD ENGINEERING ORDER	D.E.O. NO. D412-664-243-E-1	SHEET NO. SHEET 2 OF 2	SCALE NTS
DRAWN <i>[Signature]</i>	CHECKED <i>[Signature]</i>	MFG. APPR. <i>[Signature]</i>	APPROVED <i>[Signature]</i>	DE APPR. <i>[Signature]</i>		
DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31	DATE 11.03.31		

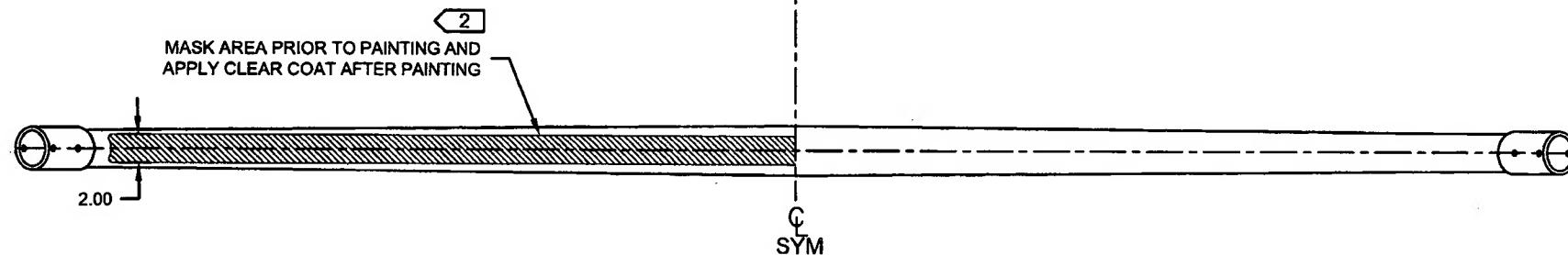
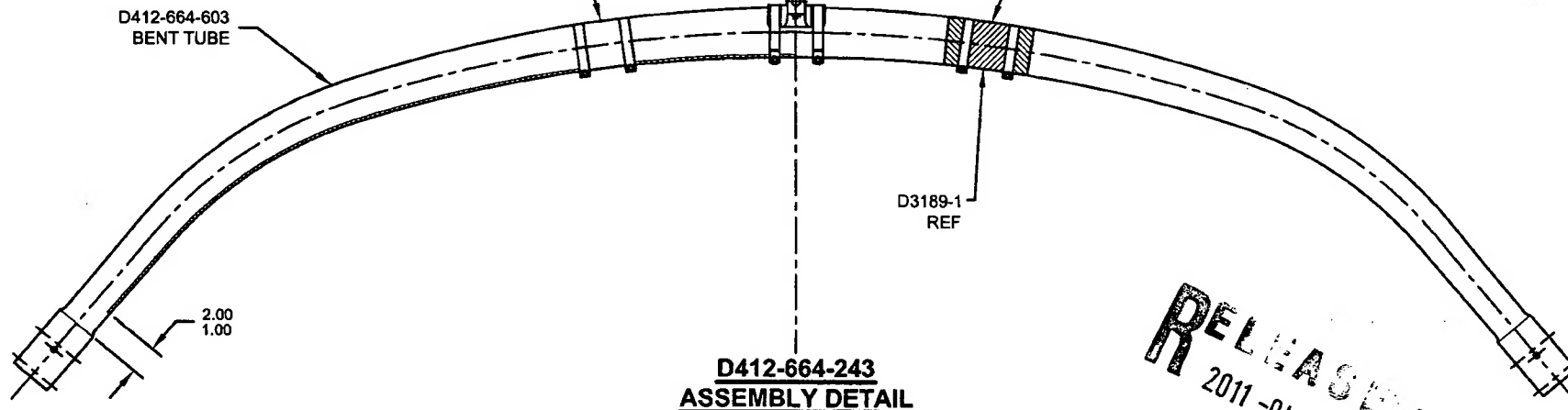
87293

**IS:**

D3189-1 CHAFING SHIELD (1, INSTALLED OVER PROSEAL 890)  
MS21920-28 CLAMP, 2X  
2 PL

**WAS:**

D2856-600-1009 ABRASION STRIP  
D3189-1 CHAFING SHIELD (1, INSTALLED OVER ABRASION STRIP)  
MS21920-28 CLAMP, 2X  
2 PL



DRAWING NO. D412-664-243	TITLE CROSSTUBE ASS'Y (412 HI AFT)	REV. E	<b>DART AEROSPACE LTD ENGINEERING ORDER</b>		D.E.O. NO. D412-664-243-E-2	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>qp</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>RE</i>	APPROVED <i>MP</i>		DE APPR. <i>#</i>		
DATE 11.09.07	DATE 11.09.19	DATE 11.09.19	DATE 11.09.19		DATE 11.09.19		

*87293*

**PURPOSE:**

REPLACE MAGNOBOND WITH 3M DP460 SCOTCH-WELD EPOXY ADHESIVE

**CHANGE:**

IS:

Item	Qty -243	Part Number	Description
9	A/R	SCOTCH-WELD DP460	EPOXY ADHESIVE, 3M SCOTCH-WELD

WAS:

9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
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NOTE 12 & 16, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) INSTALL D2896-1 CENTER SUPPORT USING A 0.04" TO 0.07" THICK LAYER OF SCOTCH-WELD DP460 PER QSI 015. LET CURE FOR 24 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER ADHESIVE HAS CURED FOR 24 HOURS.**

WAS:

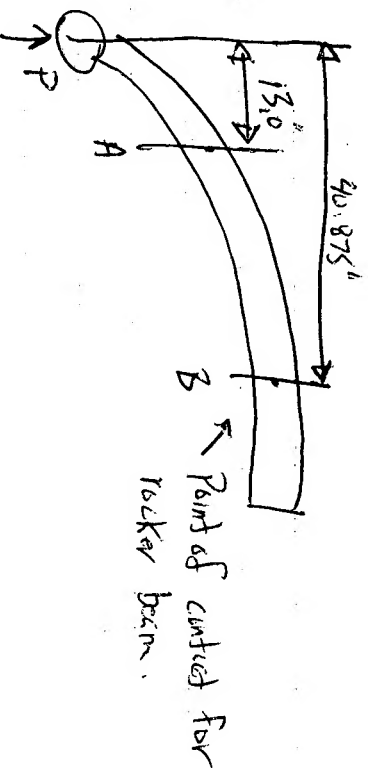
- 12) INSTALL D2896-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2896-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 16) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

**RELEASED**  
2011-09-29  
*MP*

CRUSHING OF D412-664-243

11.12.06

Acceptability of 8% CRUSHING AT END OF BEND



Point A:  $\Delta D_1 = 2.961$ ,  $\Delta D_2 = 2.522$

$$\text{CRUSHING} = (2.961 - 2.522) / (2.961 + 2.522) = 8\%$$

$$I = 1.676 \text{ in}^4 \text{ (from AutoCAD)}$$

Point B:  $\Delta D_1 = 3.357$ ,  $I = 4.613 \text{ in}^4$

$$A: \bar{F} = M_c / I = P \times 13 \times 2.961 / 2 \times 1.676 = 11.484 \cdot P$$

$$B: \quad \quad \quad = P \times 40.875 \times 3.357 / 2 \times 4.613 = 14.651 \cdot P$$

$$M.S. = 14.651 / 11.484 - 1 = 0.27$$

∴ Tube will break at rocker beam contact before area of 8% crushing; 8% crushing in area at end of tube bend is acceptable

11.12.06



## LIQUID PENETRANT TEST REPORT

P- 12677

CLIENT DAIT AeroSpace DATE Jul 14 27/12 PAGE 1 OF 1  
ATTENTION MAT / LINDA ACUREN JOB NO. 188-12-CO 293 TIME AM ☒ PM ☐  
ADDRESS 1270 ABERDEEN ST. POWO NO. 17556 -  
HAWKESBURY ON. WORK LOCATION SAME  
ACCEPTANCE STD ASTM 1417/OSI-638 REV./DATE 2005  
PROJECT F.P.I. on CROSS TUBES  
ITEM(S) EXAMINED 10 PCS

JOB DESCRIPTION PROCEDURE No. LT 002 REV./DATE 2008 TECHNIQUE No. LT 002 REV./DATE 2008  
PART NO. SEE RESULTS MATERIAL ALUMINUM THICKNESS VARIABLES  
SCOPE A WET FLOUORESCENT LIQUID PENETRANT EXAMINATION WAS  
DONE ON THE 100% OF SURFACE ONLY

## TEST DETAILS

METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIER  
FAMILY BRAND MAGNAFLUX BLACK LIGHT S/N 10459 ☐ OUTPUT > 1000  $\mu$ W/cm<sup>2</sup> ☐ AMBIENT < 2 fc  
PENETRANT ZL67 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE  
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER LABINO  
DEVELOPER SKD 52 MINIMUM DWELL TIME 10 MIN. LIGHT METER S/N 1098866 CAL DUE DATE Jul 27  
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

## TEST SURFACE

SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☐ MACHINED ☐ SHOT BLASTED ☐ CLEAN BARE METAL  
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/50°F ☐ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F

RESULTS- (☐ METRIC ☐ IMPERIAL)

CROSSTUBE W.O.#

1	"	"	87294	✓
1	"	"	87296	✓
1	"	"	87297	✓
1	"	"	87293	✓
1	"	"	86982	✓
1	"	"	86842	✓
1	"	"	86840	✓
1	"	"	86983	✓
1	"	"	86841	✓
1	"	"	83084	✓

REMOVED ON THIS CROSSTUBE  
ONE TIME TO REMOVE INDICATION  
12.07.28

## Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

## Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

## SIGNATURES

CLIENT REPRESENTATIVE Matt Murdoch PRINT Matt Murdoch SIGNATURE DTR # E-117397  
TECHNICIAN (SIGNATURE): M. J. Fokkema REPORT REVIEWED BY:  
NAME (PRINT): M. J. Fokkema NAME INITIALS  
1<sup>ST</sup> TECHNICIAN 2<sup>ND</sup> TECHNICIAN  
CGSB LEVEL IV SNT LEVEL CGSB CGSB LEVEL SNT LEVEL  
CGSB REG. NO. 6606 CGSB REG. NO.